

FILED OCT 18 1940

OCT 1 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32134

1. PLACE OF DEATH

County Heart
Township Presville
City Presville (No.)Registration District No. 347
Primary Registration District No. 5501AFile No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Presville, Mo. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmer Summers6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 1905
7. AGE YEARS 35 MONTHS DAYS 26 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Clair Co MoMOTHER 13. NAME W-S. Hosterman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co MoMOTHER 15. MAIDEN NAME Mildred Ault
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co Mo17. INFORMANT (ADDRESS) Elmer Summers Clinton Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Stads Grove DATE 10/11 194019. UNDERTAKER (ADDRESS) Jean Cousselus Clinton Mo20. FILED Dr. J. R. Houghton Registrar. 312

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/29 194022. I HEREBY CERTIFY, That I attended deceased from 9/27/40 1940 to 9/29 1940
I last saw h. alive on 9/29 1940 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset 3/1/40Other contributory causes of importance: 27Name of operation Date of
What test confirmed diagnosis? Sp. Positive Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) J. R. Houghton M. D.(Address) Clinton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 10-40-1486

Date Filed 10-11-46